EXHIBIT C

Case 06-10725-gwz Doc 8781-3 Entered 07/29/11 11:52:30 Page 2 of 9 FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF Nevada		PROOF OF CLAIM	
Name of Debtor LIST ROMMERATOR DESCRIPTIONS CONTRACTORS CONTRACTO	Case	Number 6-10715-LBR			
USA COMMERCIAL MORIGINE CO.				1	
NOTE: This form should not be used to make a claim for an administrative expense may	y be filed ;	oursuant to 11 USC § 503	~.uscn(İ	
Name of Creditor (The person or other entity to whom the		ck box if you are aware that as has filed a proof of claim rela		}	
JEHN GRICHARDS IBUSIEE OF THE	your	claim. Attach copy of staten		1	
JEAN & RICHARDS (CUST DAIED 9/30/4	Che	ng particulars ck box if you have never recei			
Name and address where notices should be sent		ces from the bankruptcy court		1	
Name and address where notices should be vent. JEAN C. RICHARDS 1160 MAGNOCIALANE LINCOLN, CA 95648 Telephone number	Che	: ck box if the address differs fr ress on the envelope sent to yo			
Telephone number	the	court		THIS SPACE IS HIM COUNT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor	1	ck here replaces is claim amends a previo	ously filed	claim dated	
1 Resis for Claim		Retiree benefits as def	fined in 11	USC. § 1114(a)	
Goods sold		Wages, salaries, and c Last four digits of you	ompensati ir SS #	ion (fill out below)	
Services performed Money loaned		Unpaid compensation			
Personal mjury/wrongful death		from(date)	to	(date)	
Taxes Other SEE EXHIBIT A				(v=====)	
2. Date debt was incurred. MARCH 13, 2005	3.	If court judgment, date of	potained		
4. Classification of Claim. Check the appropriate box or boxes the	nat best des	cribe your claim and state the	: amount of	of the claim at the time case files	
See reverse side for important explanations. Unsecured Nonpriority Claim \$156,596.03		Secured Claim			
Check this box if a) there is no collateral or lien securing your	r claım. or	Check this box if you a right of setoff)	n claim is :	secured by collateral (including	
b) your claim exceeds the value of the property securing it or if c) in only part of your claim is entitled to priority	none or	Brief Description of	Collateral		
Unsecured Priority Claim		Real Estate	Motor Ve	ehicle Other	
Check this box if you have an unsecured claim all or part of w	vhich is	Value of Collateral		· · · · · · · · · · · · · · · · · · ·	
Amount entitled to priority \$		Amount of arrearage and o secured claim, if any \$		es <u>at time care filed</u> included in	
Specify the priority of the claim	П			chase, lease, or rental of property	
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o	, L	or services for personal, fam. § 507(a)(7)			
(a)(1)(B)	П		overnment	tal units - 11 USC § 507(a)(8)	
Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debti business, whichever is earlier - 11 U.S.C. § 507(a)(4)	n 180	Other - Specify applicable pa			
1 m	• • • • • • • • • • • • • • • • • • • •	nounts are subject to adjustme with respect to cases comme		107 and every 3 years thereafter	
Contributions to an employee benefit plan - 11 U.S.C § 507(8	1)(5)	IEL MIZ 1-1	TD 27	1-11-1	
5 Total Amount of Claim at Time Case Filed. Check this box if claim includes interest or other charges in add	Sition to the	(unacculed) (secured) e principal amount of the clai		nority) (Total) itemized statement of all	
interest or additional charges.					
making this proof of claim					
7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts control	ents, such	as promissory notes, purchas	e		
orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN	VD ORIGIN	NAL DOCUMENTS If the	"iy	101 1 8 9AA7	
documents are not available, explain if the documents are volui	minous, att	tach a summary	FILED	JAN 16 2007	
 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. 			clf-	1	
Date Sign and print the name and title, if any, of the this claim (attach copy of power of attor	the creditor	or other person authorized to	•		
01/10/07 Le as Lichards		eester of the	2		
Dear Breland	beest	dated 0 /30/9	19	USA CMC	
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	imprisonm	ent for up to 5 years or both	. ISUSC	1072502401	

10-8-06

	150 06-10725-0WZ Doc 878	31-3	-ntered () <i>/129/</i> 11_1		age 4 of 9
			OOF OF CLAIM		AM IS SCHEDULED AS
Name of Debtor	The state of the s	Case Number		Schedule/Claim ID s31081	
USA Commercial	Mortgage Company	06-107	725-LBR	Amount/Classifica \$108 961 19 Unse	
This form should not be use arising after the commence administrative expense may Name of Creditor and D G MENCHET PO BOX 7100 INCLINE VILLAGE		t of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the D you agree with the other claim against this proof of claim in if the amounts sh Unliquidated or D filed if you have alre Bankruptcy Court	cted above constitute your claim as bebtor or pursuant to a filed claim if amounts set forth herein and have not the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, risputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	r () r other number by which creditor identifies	debtor			E IS FOR COURT USE ONLY
7/3	TOTAL TRAINER BY WHICH CHARLES	debioi	Check here repla of this claim amer	. a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death] Wages	salaries, and compensation	(fill out below)	Other claims against service (not for loan balances)
Services performed	Taxes	_	r digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly) SEE ATTIMIED	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCUI			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CI See reverse side for importan	LAIM Check the appropriate box or boxes that	t best descrif	be your claim and state the amou	nt of the claim at the	e time case filed
UNSECURED NONPRIOR Check this box if a) there exceeds the value of the pentitled to priority	ITY CLAIM \$ 400,000 . 00 is no collateral or lien securing your claim or b) yoroperty securing it or if c) none or only part of you	your claim ur claim is	SECURED CLAIM Check this box if y a right of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY C	— -		Real Estate	Motor Vehicle	Other
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral		
Amount entitled to priority	\$				
Specify the priority of the c	laim		secured claim, if any	\$ 900,00	at time case filed included in
	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits toward		
before filling of the bankrup	issions (up to \$10 000)* earned within 180 days of the debtor's		services for personal family of Taxes or penalties owed to go		* ****
	dier 11 U.S.C. § 507(a)(4)		Other Specify applicable para	agraph of 11 USC	§ 507(a) ()
Continuations to an employ	yee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CL	AIM \$ 900,000 00 \$	900	000-00 \$		\$ 900,000.00
AT TIME CASE FILED	(unsecured)	(8	secured)	(priority)	(Total)
Check this box if claim inc	cludes interest or other charges in addition to t	he principal	amount of the claim. Attach ite	mized statement o	of all interest or additional charges
7 SUPPORTING DOCU running accounts contra DOCUMENTS if the do 8 DATE-STAMPED COI proof of claim	of all payments on this claim has been cre MENTS Attach copies of supporting doc acts, court judgments, mortgages, security ocuments are not available explain. If the PY To receive an acknowledgment of the	uments, su agreemen documents ne filing of y	uch as promissory notes pur its and evidence of perfections is are voluminous, attach a su your claim, enclose a stampe	chase orders inv n of lien DO No immary id, self addressed	roices itemized statements of OT SEND ORIGINAL
ACCEPTED) so that it if for each person or entile governmental units) BY MAIL TO	npleted proof of claim form must be set is actually received on or before 5 00 pn ity (including individuals, partnerships,	n, prevaili corporatio	ng Pacific time, on Novemi	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Do P O Box 911	cketing Center	BMC Gro Attn USA	up ACM Claims Docketing Cente	r FIL	ED JAN 1 3 2007
El Segundo CA 90245-0	0911		t Franklin Avenue do CA 90245		
1-12-07	SIGN and print the name and title if any of the this claim (attach copy of power of attorn	ney if any)	•		USA CMC
1120	war / House	して	VEN NECSON, A	174	1072502306

Gase 06-107.25-gwz Doc 8781	PRO	OF OF CLAIM	02.30 Fay	
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative explaining after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating		YOWED MONEY BY A BORROWER
Name of Creditor and Address MONIGHETTI PETE 6515 FRANKIE LANE PRUNEDALE CA 93907 Creditor Telephone Number ()	6	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU DO OF CLAIM THIS I BORROWER HEL DO NOT FILE THIS SECURED INTERI ONE OF THE DEB If you have alre Bankruptcy Court of	BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Charle hara Treplac		
		Check here replace or or amen	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages, s Last four	penefits as defined in 11 U S salanes and compensation (I r digits of your SS # compensation for services per	fill out below)	Unremitted principal Other claims against service (not for loan balances)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority		SECURED CLAIM Check this box if your anght of setoff) Brief description of Real Estate Value of Collateral	collateral Motor Vehicle	ed by collateral (including
Amount entitled to priority \$ Specify the priority of the claim			nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Up to \$2 225* of deposits towal services for personal family of Taxes or penalties owed to go Other Specify applicable para * Amounts are subject to adjust with respect to cases commen	or household use 11 vernmental units 1 agraph of 11 U S C stment on 4/1/07 and	USC § 507(a)(7) 1USC § 507(a)(8) § 507(a) () d every 3 years thereafter
(unsecured)	(5	, 963,53° \$ secured)	(priority)	\$ 1,509,96355 (Total)
Check this box if claim includes interest or other charges in addition to the				
CREDITS The amount of all payments on this claim has been cred SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts, court judgments mortgages security a DOCUMENTS If the documents are not available explain.	<i>uments,</i> su agreement documents	uch as promissory notes pure is and evidence of perfection are voluminous attach a sur	thase orders invo of lien DO NOT nmary	oices itemized statements of SEND ORIGINAL
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	, prevailin	ig Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro	OR OVERNIGHT DELIVERY TO up ACM Claims Docketing Cente It Franklin Avenue	į,	NOV 10 2006
El Segundo CA 90245-0911 DATE StGN and-point the name and title if any of the		do CA 90245		1104 0-1-
this Claim (attach copy of power of attorn		outer person authorized to file		USA CMC

	PRO	OOF OF CLAIM	1 2.30 Pal g	 C 6 0 9
Name of Debtor	Case Number		1	
USA Commercial Mortgage Company	06-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exarising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		LY OWED MONEY BY A BORROWER IS BEING SERVICED BY THE
Name of Creditor and Address 1132124203861 SEXTON THOMAS 450 WAYCLIFFE AVE N WAYZATA MN 55391	11	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU I OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTEF ONE OF THE DE If you have air	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number ()		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	r a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes] Wages,	salaries, and compensation (r digits of your SS #		Other claims against services (not for loan balances)
Money loaned	Unpaid	compensation for services pe	erformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED 8-3(-2005 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the		COURT JUDGMENT, DATE C		the time eace filed
See reverse side for important explanations	at best desci	•	unt of the claim at	He time case med
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our claim is soon	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or be exceeds the value of the property securing it or if c) none or only part of y		Check this box if your a right of setoff)	oui ciaim is secu	led by collateral (including
entitled to priority	your claim is	Brief description of	f collateral	
UNSECURED PRIORITY CLAIM		Real Estate		e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		nown
Amount entitled to priority \$		· ·	nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Е	Up to \$2 225* of deposits tow	ard purchase lease	
Wages salaries or commissions (up to \$10 000)* earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's	's	services for personal, family of Taxes or penalties owed to go		• (,,,,
business whichever is earlier - 11 U S C § 507(a)(4)	Ē	Other Specify applicable par	agraph of 11 U S C	§ 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$	22	1.000\$	nod on or and and	\$
AT TIME CASE FILED (unsecured)	(secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim Attach ite	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre	edited and	deducted for the purpose of n	naking this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL				
DOCUMENTS If the documents are not available, explain If the 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			-	d envelope and copy of this
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES N	TOP	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units)	n, prevailii	ng Pacific time, on Novemb	er 13, 2006	USE ONLY
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		2006
Attn USACM Claims Docketing Center P O Box 911	Attn US/ 1330 Eas	ACM Claims Docketing Cente at Franklin Avenue	er FIL	ED OCT 0 2 2006
El Segundo, CA 90245-0911		do, CA 90245		
SIGN and print the name and title if any of this claim (attach copy of power of atto	ney if any);	y outer person authorized to file		USA CMC
92/100 homes &.	Sey			
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	ent for up to	5 years, or both 18 U S C §§	152 AND 3571	1072500386

Case 06-10725-gwz Doc 8781-3	Entered 07/29/11 11:52:30 Page 7 of 9
P	ROOF OF CLAIM
Name of Debtor Case	Number
USA Commer cial Mortgage Compaired	-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address 11321241008421	statement giving particulars Check box if you have
DONALD S TOMLIN AND DOROTHY R TOMLIN TRUSTEE OF THE DONALD S TOMLIN 7145 BEVERLY GLEN AVE	never received any notices from the bankruptcy court or BMC Group in this case DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
LAS VEGAS NV 89110-4228	Check box if this address
Creditor Telephone Number () 702-A53-6079	differs from the address on the envelope sent to you by the court. If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor-	
1317	Check here replaces or a previously filed claim dated amends
	ee benefits as defined in 11 U S C § 1114(a) Unremitted principal
Services performed Taxes Last	es, salanes, and compensation (fill out below) Other claims against service (not for loan balances)
Money loaned Other (describe briefly) Unpa	id compensation for services performed from to
2 DATE DEBT WAS INCURRED VANOS dates 31	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best do	F COURT JUDGMENT, DATE OBTAINED
See reverse side for important explanations	ecouper of AM (See attached)
UNSECURED NONPRIORITY CLAIM \$2,779,806 interes	Check this how if your claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim	im La
entitled to priority (See Alachied description) UNSECURED PRIORITY CLAIM	Brief description of collateral
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority Amount entitled to priority \$	Value of Collateral \$
Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim, if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Other - Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4l1l07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 3,779,800 \$	\$ \$2,779,806
(unsecured)	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the princ	pal amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited at 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments, mortgages, security agreem DOCUMENTS If the documents are not available, explain If the documents are not available.	such as promissory notes, purchase orders, invoices, itemized statements of ents, and evidence of perfection of lien. DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim	of your claim, enclose a stamped, self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by macCEPTED) so that it is actually received on or before 5 00 pm, prevator each person or entity (including individuals, partnerships, corporate).	uling Pacific time, on November 13, 2006 USE ONLY
governmental units)	ND OR OVERNIGHT DELIVERY TO
BMC Group BMC	Group [
P O Box 911 1330	JSACM Claims Docketing Center East Franklin Avenue FILED NOV 1 0 2006 Jundo, CA-99245
DATE SIGN and print the name and title if any of the credit this claim (attack copy of power of attories if a	of other person authorized to file USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	PROOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA COMMAGRICION MODICACION CONTROL NOTE. See Reverse for List of Debtors and Case Numbers.	06-1	072K-LBR		`
This form should not be used to make a claim for an administrative arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are assure that anyone else has filed a proof of claim relating to		
Name of Creditor and Address:		your claim. Attach copy of statement giving particulars.		
THE WHITUSAL TRUST dates 12 al		Check box if you have		
90 H DANIEL WHITMAN, TRUST PO BOX 10200	EE	never received any notices from the benizuptcy court or BMC Group in this case.		NE PROOF OF CLANI FOR A REST IN A BORROWER THAT IS NOT
28841R COVE, NN 894418-2200	2	Check box if this address dillers from the address on the envelope sent to you by the	If you have als	zerores. ready filed a proof of claim with the t or BMC you do not need to file again.
Creditor Telephone Number () 775/ CKL - KSKS		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identified CUEAT 10 SS47	es debtor	Check here Interplace if this claim amen		7003 — 2006 y filed claim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree	penefits as defined in 11 U.S.	C § 1114(a)	Unrewilled principal
Services performed Taxes		salaries, and compensation (digits of your SS #	fill out below)	Other claims against services (not for loan balances)
Money loaned Char (describe briefly) SEE Statt By A	Unpaid o	compensation for services pe	rformed from.	to
2. BATE DEST WAS INCURRED: 2004 - 2006		OURT JUDGMENT, DATE O		
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes See reverse side for important explanations.			unt of the claim at 1	the time case fied,
UNSECURED NONPRIORITY CLAIM \$ 1.7 4 4 0 4 E	hibi+A	SECURED CLAIM THE Check this box if yo	our claim is secu	red by collateral (including
Check this box if: a) there is no colluteral or lien securing your claim, or exceeds the value of the property securing it, or if c) none or only part of	of your claim is	a right of setoff).		(
entitled to priority. UNBECURED PROPRITY CLAIM		Brief description of	_	~
Check this box if you have an unsecured claim all or part of which is entitled to priority		Malue of Collateral		: LI Other
Amount entitled to priority \$				a titue case fled included in 2.0 f. R. (HI 67 T.A.
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(f)	R) F	. ————————		
Wages, salaries, or commissions (up to \$10,000)* samed within 180 d	-	Up to \$2,225° of deposits town services for personal, family o	rd purchase, least r household use -1	s, or remail of property or 11 U.S.C. § 507(a)(7).
before filing of the bentruptcy petition or casestion of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C § 507(a)(5).	<u>.</u>	Other - Specify applicable part *Amounts are subject to adjust	dment on 4/1/07 as	nd every 3 years thereafter
S. TOTAL AMOUNT OF CLAIM \$ Line Nof Exp	1 / 1	with respect to cases common	ced on or after the	Nine. Hof ExA
AT TIME CASE FILED (unaccured)		ecured)	(priority)	Total)
Check this box if claim includes interest or other charges in addition (o the principal	amount of the claim. Attach iter	mized statement o	of all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been of SUPPORTING DOCUMENTS: Allegt conies of supporting of running accounts, contracts, court judgments, mortgages, securi DOCUMENTS If the documents are not available, explain. If the DATE-STAMPED COPY: To receive an acknowledgment of proof of claim. 	icomments, suity agreements to documents if the filling of y	ch as promissory notes, purc a, and evidence of perfection are voluminous, attach a sur our claim, enclose a stamped	these orders, inv of lien. DO NO nmary I, self-addressed	roices, itemized statements of IT SEND ORIGINAL I envelope and copy of this
	13 MC U SAC	Groop MClaim Dock	etina Cemb	THIS SPACE FOR COURT USE ONLY
BY MAIL TO:	BYHAND	OR OVERNIGHT DELIVERY TO	0.	FILED JAN 16 200
	FLS	egundo Ca		 ITILLU JAN I 6 200
DATE SIGN and print the name and the, if any of the claim (ether) come of many of the claim (ether) come of many of the claim (ether) come of the cl	f the creditor or	other person authorized to file	,	USA CMC
1-10-07 this claim (attach copy of power of a			/	1072502367

					
		PR	OOF OF CLAIM		
Name of Debtor	Al p 1 1 mages	Case Number		1	
	KRIAL Martgage Co	06	-10725-LBR		
	of Debtors and Case Numbers to make a claim for an administrative	expense	Check box if you are	}	
arising after the commencem	ent of the case A "request" for payme be filed pursuant to 11 U.S.C. § 503	ent of an	aware that anyone else has filed a proof of claim relating to	}	
Name of Creditor and			your claim Attach copy of statement giving particulars		
WORLD LI	NKS GROUP, LLC		Check box if you have		
		_	never received any notices from the bankruptcy court or	DO NOT EILE TH	US BROOF OF OLAIM FOR A
7440 5 B/A	MANTAS ACKHAWK ST #12	1208	BMC Group in this case	SECURED INTE	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Fing/Ewood,	CO 80112-4355		Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	() 760-917-3691		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identific	es debtor	Check here replac	a previouek	filed claim dated
1 BASIS FOR CLAIM	7 <u>0</u>		L amen	ds	
Goods sold	Personal injury/wrongful death		benefits as defined in 11 U S		Unremitted principal
Services performed	Taxes		salaries and compensation (for a	fill out below)	Other claims against services (not for loan balances)
Money loaned	Other (describe briefly) SEE A HACheol		compensation for services per	rformed from	to
2 DATE DEBT WAS INCUR		la is a			(date) (date)
4 CLASSIFICATION OF CL			OURT JUDGMENT, DATE O		he time case filed
See reverse side for important	explanations		SECURED CLAIM		
UNSECURED NONPRIORIT	s no collateral or lien securing your claim or		Check this box if yo	our claim is secu	red by collateral (including
exceeds the value of the pri	operty securing it, or if c) none or only part o	your claim is	a right of setoff)		_
UNSECURED PRIORITY CL	AIM		Brief description of		~
Check this box if you have a entitled to priority	an unsecured claim all or part of which is		Real Estate		
Amount entitled to priority	\$		Value of Collateral		KNOUR
Specify the priority of the cla	#IM		secured claim if any	other charges	at time case filed included in
— • • • • • • • • • • • • • • • • • • •	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(E	3)	Up to \$2 225 of deposits toward		
Wages salaries or commis	ssions (up to \$10 000)* earned within 180 da toy petition or cessation of the debtor's	ays [-	services for personal family of	r household use 1	1 U S C § 507(a)(7)
business whichever is earli	ier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable para		
Contributions to an employe	se benefit plan - 11 U S C § 507(a)(5)	-	* Amounts are subject to edjus	tment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLA	um \$ 198,000,00 \$	198	with respect to cases commen	cea on or after the	\$ 198,000.00
AT TIME CASE FILED	(berupeanu)		secured)	(pnority)	(Total)
Check this box if claim inclu	udes interest or other charges in addition to	o the principal	amount of the claim Attach iter	mized statement o	f all interest or additional charges
7 SUPPORTING DOCUM	f all payments on this claim has been of MENTS <u>Attach copies of supporting de</u>	ocuments, si	ich as promissory notes, purc	hace amore inv	oroge items and atatempasts of
	ts court judgments mortgages securituments are not available explain. If the	IV ROIBEITHIN	R SDO BUIDENCE OF NECTONION		T SEND ORIGINAL
8 DATE-STAMPED COP proof of claim	Y To receive an acknowledgment of	the filing of y	our claim enclose a stamped	self-addressed	envelope and copy of this
ACCEPTED) so that it is for each person or entity governmental units)	pleted proof of claim form must be s actually received on or before 5 00 p (including individuals, partnerships	om. prevailir	a Pacific time on Novembe	# 13 2008	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center P O Box 911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue			LED JAN 1 3 2007		
					ILED JANA
DATE	SIGN and print the name and title if any or this claim (attach copy of power of at	f the creditor o tomey if any)	r other person authorized to file		_
1-12-01	Ewen TAdson	ERVE	NT NELSON, A	TERNEY	USA CMC
Panalty for presenting fraudulent	claim is a fine of up to \$500 000 or imprisori	ment for up to	5 years or both 18 U.S.C. 66 1	52 AND 3571	1072502309